DEPARTMENT OF PUBLIC MEALTH AND WILL ARE 1/12 printy Registration District No				VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-031106
1. PLACE OF BEATH COUNTY Jackson	•		1	Registration District NoPrimary Registration District NoRegistrar's NoSTATE FILE NUMBER
ACOUNTY Jackson D. CITY of orbidis Capable limits, since Township only Leagth of stay in 1b Longth of stay in	ON THIS STUB	AMENUE	F	'
Description	1	<u> </u>		
Description				Jackson **
MASSITIAL OR TO	Rev. 4/59	일인	1	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
MASSITIAL OR TO	,	필이		TOWN Kansas City 40 vrs TOWN Kansas City Yes EX No 🗆
A O S S S S S S S S S	1		1	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
3 A MAN OF DECRASED FIRST MINDER LAST LAST MONTHS DAY YEAR STATE OF PART II of PART III of PART II of PART III of PART II of PART III of PART II of PART I	2 2 5 2	ATE SATE		HOSPITAL OD ' I ANDESS
SELIMEN C. COLOR OR RACE T. MARINES SCHINGES OF INDICATE FUNDER 2 FERS		7 2	 	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
S. SEX SEX	. 3			TOPE OF PRINT
Male White White Description of the state of	4 4			ELMER C RELSEY August 6 1962
Male with the seased was female was formed to the terminal part in the a pregnancy in last 90 days. No. Confidence if any one cause per line for the confidence if any one cause per line for the confidence in the confidence	- 0			Months Davis Maire Mile
during mgst of working life, even if retired) 7 / 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 1			Male White Widowed Divorced 10/16/01 60 Months Days Notes Mills
Thomas Kelsey Second Seco		10		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6	2 2	1 1. 1	during most of working life, even if retired)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 94201 10 10 10 10 10 10 10 10 10	 	31 KI		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 94201 10 10 10 11 10 10 10 10 10	7 /			Tuonito Vel com
Section of the part of the service of the part of th		오 [빨]		Inditial factor diaco initialization
NO IS. CAUSE OF DEATH (Enter only one cause per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused per line for ver true, remark to part 1. Death was caused by: 13	8 1			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_ /	' 발		Juanita Kelsey, 1114 E. Armour Blyd
13 13 14 15 16 17 18 18 19 19 10 10 10 10 10 10 10 10	14 LO.1	뷀티잉	-	
13 13 14 15 16 17 18 18 19 19 10 10 10 10 10 10 10 10	10	ا ا <u>≩</u> ا ا [∢]		PART I. DEATH WAS CAUSED BY:
NO SET THE STATE OF S		일일일	₹	IMMEDIATE CAUSE (a)
NO SET THE STATE OF S	11		1당	
NO SET THE STATE OF S			ᅵ႘ᅵ	Conditions if any > DUE TO (b)
NO SET THE COLUMN STATE OF FOUR HOLD AND HOLD AN	12-71 4 4 1		-	which gave rise to
NO STATE No Description	-,,			above cause (a). }
NO BOLIS COLOR DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NO BOLIS DESCRIB		-	<u> </u>	lying cause last. DUE TO (c)
NO BOUND WAS ACTORS: The Accident Society Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO BOUND WAS ACTORS: The Accident Society Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO BOUND WAS ACTORS: The Accident Society Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO BOUND WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO BOUND WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, Month, Day, Year performed at John Destroy, Street, office bidg., etc.) NO WAS ACTORS: The Accident Month, Day, Year performed at John Destroy, Month, Day, Year		<u> </u>	년	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
NOT WHILE AT WORK 21. I attended the deceased from			l H	disease condition given in PART I (a) there a pregnancy in last 90 days.
NOT WHILE AT WORK 21. I attended the deceased from		ا ا ن ا ا	🔄	S No IVE No Unknown
NOT WHILE AT WORK 21. I attended the deceased from	إ			19. WAS AUTOPSY 18. ACCIDENT SUCCES HOWICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
NOT WHILE AT WORK 21. I attended the deceased from	Įž	출 [종]	 	## PERFORMED? CONTROL
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NOT WHILE AT WORK 21. I attended the deceased from	_ ≥ % `	* H		p.m.
NOT WHILE AT WORK 21. I attended the deceased from			<u>S</u>	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
Diss. Reference of Cemetery Of Cremation 23d. location (City, town, or county) 23d	<u> √ ≅</u> ¦			WHILE AT WORK tarm, factory, streer, office bidg., etc.)
Diss. Reference of Cemetery Of Cremation 23d. location (City, town, or county) 23d	<u> </u>	ပြုပူ	l ģ	2
Diss. Reference of Cemetery Off Creek Blvd. State Control C	50≝		티입니	O 21. I attended the deceased from, to and last saw him alive on
Diss. Reference of Cemetery Off Creek Blvd. State Control C	∞ ₹ 1	ا اخان ا	ᅵᇦᅵ	Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
Diss. Reference of Cemetery Off Creek Blvd. State Control C	. ყ. ≳.	 8		
Diss. FURIAL CRESCATION. 236. DATE OF CEMETERY OF CREMETERY OF CREMETE	5 📜	[인터]		TAS HIGHATURE (Vegree of Illie)
B.W. Newcomer's Sons, KansasCity, No. 8-8-62 Auth Long	<u> </u>		=	6 IN IL MINON (Surew Clant) 167 MMin Streller 8-662
B.W. Newcomer's Sons, KansasCity, No. 8-8-62 Auth Long			 	dissa, Burket, Chestarion, 250-05154
B.W. Newcomer's Sons, KansasCity, No. 8-8-62 Auth Long		9	⊖	TRIMOVALUE Aug. 8 1062 Forest Hill Cemetery Kansas City, Missouri
B.W. Newcomer's Sons, KansasCity, No. 8-8-62 Auth Long	ŀ	4		DE PATE DECO DY LOCAL DEC LOY DECOSTRADE SIGNATURE
	ŀ		>	TOOL Brush Greek Blvd. Q P / A / TI
Mellody - me Silly - Dylaw (Licensed Embalmer's Statement on Reverse Side)	İ	= - -	<u></u>	b.w. Newcomer's yons, KansasCity, Mol 0 -0 00 101 1010
<i>a</i>	•			Mello-dy - me suckly - Eylace (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No
working under my personal supervision.	_ Signed Harold G. Quick
Student	Signed Narold V. Such
- Signature of Student Embalmer .	Licensed Embalmer No. 4998

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.